

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-12530

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Robert E Morin

P.O. Box, Bldg., Room No., if any

Street 410 South Main Street

City Providence

State Rhode Island ZIP Code + 4 02903

4. Name, file number, and address of labor organization.

Name Bldg Maint, Service & Industrial Wrks LU 1322

Labor Organization File Number 069-885

P.O. Box, Building and Room Number, if any

Street 410 South Main Street

City Providence

State Rhode Island ZIP Code + 4 02903

5. Position in labor organization.
President

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name n/a

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

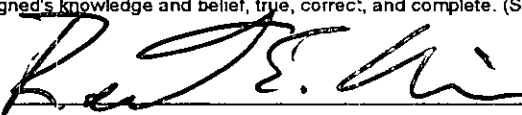
7.b. Amount.

\$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On 8/11/2005

Date

(401) 331-6970

Telephone Number

Name of Person Filing Robert Morin	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name NE Laborers' H&S & Labor Mgt. Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 410 South Main St. & 226 S. Main St</p> <p>City Providence</p> <p>State Rhode Island ZIP Code + 4 02903</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State Rhode Island ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Trust Fund's wich promote Health & Safety and Labor Management Cooperation for the affiliates of the New England States - Guest</p>
	<p>11.b. Approximate dollar va ue of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>2004 Regional Holiday Party</p>
	<p>12.b. Amount. \$100</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name n/a</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment. \$0</p>

Robert Morin

ADDENDUM F (MEAL/EVENTS WITHOUT SPECIFIC RECORDS OR
RECOLLECTION)

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.



Building Maintenance, Service and Industrial Workers' Local Union 1322

410 South Main Street
Providence, Rhode Island 02903
Telephone (401) 331-6970
Fax (401) 861-1480 August 12, 2005

US Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, DC 20210

Re: Form LM-30 Filing for Robert E. Morin, Labor Organization File No. 069-885

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record or any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Robert E. Morin
President